The Future of Prevention: Addressing the Prescription Drug Abuse and the Opioid/Heroin Epidemic in our Country

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Integrating Primary and Behavioral Health Care Through the Lens of Prevention
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The Growing Drug Overdose Epidemic

2014

New York Times – NYtimes.com
Opioids

oxycodone

hydrocodone

heroin
In 2014, 1.9 million people had a prescription opioid use disorder and nearly 600,000 had a heroin use disorder. The national data on overdose deaths are startling: in 2014, there were 28,647 overdose deaths involving prescription opioid medications and/or heroin.

That is equivalent to an average of one death every 18 minutes.
Fentanyl Deaths
Past Month Nonmedical Use of Pain Relievers among People Aged 12 or Older, by Age Group: 2002-2014

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.
Past Month Heroin Use among People Aged 12 or Older, by Age Group: 2002-2014

* Insufficient data available.

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.
Numbers of Past Year Initiates of Selected Substances among People Aged 12 or Older: 2014

- Marijuana: 2,568,000 (2.6 Million)
- Pain Relievers: 1,425,000 (1.4 Million)
- Tranquilizers: 1,133,000 (1.1 Million)
- Cocaine: 766,000
- Stimulants: 690,000
- Ecstasy: 676,000
- LSD: 586,000
- Inhalants: 512,000
- Heroin: 212,000
- Methamphetamine: 183,000
- Sedatives: 173,000
- Alcohol: 4,655,000 (4.7 Million)
- Cigarettes: 2,164,000 (2.2 Million)
- Smokeless Tobacco: 1,016,000 (1.0 Million)
Perceived Great Risk from Substance Use among People Aged 12 or Older: 2014

- Smoke Marijuana Once a Month: 26.5%
- Smoke Marijuana Once or Twice a Week: 34.3%
- Use Cocaine Once a Month: 68.6%
- Use Cocaine Once or Twice a Week: 86.3%
- Try Heroin Once or Twice: 83.1%
- Use Heroin Once or Twice a Week: 93.3%
- Try LSD Once or Twice: 68.0%
- Use LSD Once or Twice a Week: 83.9%
- Have 5+ Drinks of Alcohol Once or Twice a Week: 40.3%
- Have 4 or 5 Drinks of Alcohol Nearly Every Day: 66.1%
- Smoke One or More Packs of Cigarettes Per Day: 71.2%

Percent Perceiving Great Risk
Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Perceived Great Risk from Trying Heroin Once or Twice among People Aged 12 or Older, by Age Group: 2002-2014

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.
Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2012-2013

Note: The percentages do not add to 100% due to rounding.

1The Other category includes the sources “Wrote Fake Prescription,” “Stole from Doctor’s Office/Clinic/Hospital/Pharmacy,” and “Some Other Way.”
Four Pillars:

1. Education
2. Tracking and Monitoring
3. Proper Medication Disposal
4. Enforcement
1. Improve prescriber practices.
2. Increase naloxone use.
3. Expand MAT access.
SAMHSA’s Strategic Initiatives

1. Prevention of Substance Abuse and Mental Illness
2. Trauma and Justice
3. Recovery Support
4. Health Care and Health Systems Integration
5. Health Information Technology
6. Workforce Development
Strategic Initiative #1 - Prevention of Substance Abuse and Mental Illness

1.1  Promote emotional health and wellness, prevent or delay the onset of and complications from substance abuse and mental illness, and identify and respond to emerging behavioral health issues.

1.2  Prevent and reduce underage drinking and young adult problem drinking.

1.3  Prevent and reduce attempted suicides and deaths by suicide among populations at high risk.

1.4  Prevent and reduce prescription drug and illicit opioid misuse and abuse.
SAMHSA’s Rx Drug/Opioid Abuse Prevention Efforts

- Prescriber Education
- PCSS-Opioids and PCSS-MAT
- Screening, Brief Intervention, and Referral to Treatment – SBIRT
- SAMHSA/CDC Prescription Drug Abuse Prevention Campaign
- Not Worth the Risk, Even If It’s Legal (pamphlet series)
- Federal Drug-Free Workplace Program

- Prescription Drug Monitoring Program (grants and pilots)
- Opioid Overdose Prevention Toolkit
- Drug Free Communities
- Substance Abuse Block Grant
- Partnerships for Success grants
- SPF Rx grants (new)
- PDO grants (new)
Education: Prescriber

Safe and Effective Opioid Prescribing for Chronic Pain

Excessive or inappropriate use of opioids in the treatment of pain is a major national problem in the delivery of healthcare. Opioids are both underprescribed and overprescribed. Prescribing clinicians need training in effective communication skills as well as an understanding of when and how to prescribe opioids.

In addition to the specialists who frequently prescribe opioids (pain specialists, orthopedists, rheumatologists), primary care clinicians have increasingly taken on the burden of managing pain effectively. Safe and Effective Opioid Prescribing for Chronic Pain offers clinicians necessary education in how to work with their patients who are living with chronic pain – how to define chronic pain, how to manage its treatment, the tools available to assess pain and the risk involved in prescribing opioids, and how to discontinue treatment if necessary.

SAMHSA Funded Free Courses
Providers Clinical Support System for Opioid Therapies (PCSS – O)
SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.
Many states established PDMPs to reduce prescription drug abuse and diversion.

- Statewide electronic databases:
  - Collect prescription records for all outpatient controlled substance prescriptions dispensed in the state
  - Distribute patient health information from the database to individuals authorized under state law.
Prescription Drug Monitoring Programs

Depending on state law:

• Prescribers
• Pharmacists
• Pharmacies
• Law Enforcement
• Licensing Boards
• Patients
• Others (delegate accounts allow nurses, licensed social workers to access)
Federal Drug-Free Workplace Program

• The biggest prevention program in the nation.
• Certifies drug testing labs for federal programs.
• Sets drug testing standards for the workplace.
• Prevention of Prescription Drugs in the Workplace (PAW)
Opioid Overdose Prevention Toolkit
Strategic Prevention Framework for Prescription Drugs (SPF-Rx): $10 M (New in substance use prevention)

- Raise public awareness about dangers of sharing medications
- Work with pharmaceutical and medical communities to raise awareness on risks of overprescribing
- Develop capacity and expertise in use of data from state prescription drug monitoring programs (PDMPs) to identify communities by geography and high-risk populations
- Eligibility is limited to states and tribal entities that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG), and have a state-run PDMP
Addressing Rx and Opioid Abuse (1)

Preventing Opioid Overdose-Related Deaths: $11M (New in substance abuse prevention)

- Grants to 11 states to reduce # of opioid overdose-related deaths
- Help states purchase naloxone not otherwise covered
- Equip first responders in high-risk communities
- Support education on use of naloxone and other overdose death prevention strategies
- Cover expenses incurred from dissemination efforts
- Recipients of the Substance Abuse Prevention and Treatment Block Grant (SABG) are eligible to apply.
Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2012-2013

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Moving Toward Integration: Prevention Across the Lifespan

Interventions by Developmental Phase

Prior to Conception
- Pregnancy prevention
  - Prenatal care
  - Home visiting

Prenatal
- Early childhood interventions
- Parenting skills training
- Social and behavioral skills training
- Classroom-based curriculum to prevent substance abuse, aggressive behavior, or risky sex
- Prevention of depression
- Prevention focused on specific family adversities (Bereavement, divorce, parental psychopathology, parental substance use, parental in carceration)

Infancy

Early Childhood
- Community interventions
- Policy

Childhood

Early Adolescence

Adolescence

Young Adulthood

FIGURE II-1 Interventions and their targeted developmental stages.

Moving Toward Integration: Continuum of Care

- Prevention
  - Universal
  - Selective
- Indicated
- Case Identification
- Standard Treatment for Known Disorders
- Compliance with Long-term Treatment (Goal: Reduction in Relapse and Recurrence)
- After-care (including Rehabilitation)
- Treatment
- Recovery
- Promotion
Drug Prevention Approaches

- School-based
- Family-based
- Community-based
- Workplace
- Media
- Medical settings

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Prevention Research on Reducing Prescription Drug Misuse

- NIH-funded research shows effectiveness of community-based, substance abuse prevention interventions begun during middle school years*
  - Study 1: family-focused interventions alone
  - Study 2: family-focused interventions and school-based life skills training program
  - Study 3: family-focused intervention and school-based intervention

Success Story: South Hadley, Massachusetts

- Rural Community
- Created a secure medication drop-box at their police station which opened in 2009 to get meds out of people's homes.
- Created a curriculum on prescription pains meds & heroin, taught to all 8th grade classes.
- Provided information to High School & Middle School parents with NIDA handouts on opiate drugs.
- Training for all school nurses on Narcan, and Narcan available at all schools in our district.
Outcome

• Use of prescription pain medications without doctor's at Grade 12
  – 2009: 14.3%
  – 2015: 4.5%
Prevention is Vital
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